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Corey L. Malachi	(Depositor's name)
Cory L. Malari	(Signature)
July 16, 2008	(Date)

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/743,391	12/22/2003		Timothy Raymond Hirst		00833-P0043A	7178
TITLE OF INVENTION:	MUTANT FORMS OF	ETXB AND CTXB AN	D THEIR USE AS CARRI	ERS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE

L				1		
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/30/2008
EXAM	MINER	ART UNIT	CLASS-SUBCLASS			
MONTANA	RI, DAVID A	1632	424-241100			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 		 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 		era 2oto	St. Onge Steward Johnston & Reens LLC 2	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hunter Immunology Ltd.

Frenchs Forest, NSW, Australlia

overpayment, to Deposit Account Number 19-4516 (enclose an extra copy of this form).

lease check the appropriate assignee category or categories (will a	not be printed on the patent):
la. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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Advance Order - # of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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July 16, 2008 /Stephen P. McNamara/ Authorized Signature Date _ 32,745 Stephen P. McNamara Typed or printed name ___ Registration No. _

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